



Granby Public Schools

Office of the Superintendent



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Mary Jane Rickson
Interim Superintendent
of Schools

Nicole Heroux
Director of
Student Services

Susan Crago
Curriculum and Technology
Integration Coordinator

Todd Dorman
Director of Finance
and Operations

**Nancy Jenks MSN,
RN, NCSN, AE-C**
Nurse Leader

APPLICATION FOR HOME INSTRUCTION 2025- 2026 School Year

Directions:

1. Please read the School committee policy on Home Education (IHBG)
2. Complete this form; attach any supportive documents; and forward it to **Nicole Heroux, Director of Student Services**, 14 days prior to the planned start of a home education program.

3. Parent/Guardian name(s) and address:

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email Address: _____

4. Names(s) of student(s) who will be taught at above designated home and current comparable public school grade level(s):

Name: _____ Date of Birth: _____ Grade _____

Name: _____ Date of Birth: _____ Grade _____

Name: _____ Date of Birth: _____ Grade _____

Name: _____ Date of Birth: _____ Grade _____

Name: _____ Date of Birth: _____ Grade _____

Name: _____ Date of Birth: _____ Grade _____

5. Period of time for which approval is sought:

_____ through _____
month/year month/year

6. Teachers: Attach a statement providing the following information about any persons who will serve as teachers in this program.

Every Student Every Classroom Every Day

The Granby Public Schools is an Equal Opportunity Employer. It is the policy of the Granby Public Schools District not to discriminate on the basis of race, color, sex, religion, national origin, gender identity, sexual orientation, homelessness, or disability in its educational policies as required by Title VI, Title IX, Section 504, and Chapter 622. Chapter 622 is a state law and Title VI, Title IX, and Section 504 are federal laws.

7. Subjects to be taught: Attach a description of each subject to be taught including the scope, major goals and objectives for the child, the major materials and methods to be used in each area.
8. Scheduling of instruction: Attach a description of the schedule you plan for instruction during the period for which approval is requested. Include the number of hours and days planned.
9. Materials and Methods: Attach a listing and description of the texts, materials methods and programs to be used. A sample of these materials would be extremely helpful and will be returned to you.
10. Evaluation: Attach a statement describing the tests or measurements that you plan to use to evaluate your child's educational growth during this period. If this home education plan is approved, the school department will expect to implement a periodic evaluation of the child's progress similar to the school-attending students and may set guidelines and standards for this purpose to ensure the valuation of reasonable educational progress. Please see regulation IHBG-E-2 for a copy of the form to be submitted to the Superintendent and required attachments, which must be submitted by **June 15th of each school year**.
11. Response by Superintendent of Schools: Ordinarily, you will receive a response to your proposal plan within twenty (20) days from receipt of your application.
12. Hearing: As parents, you have the right to a hearing before the Superintendent, if you wish, to allow you an opportunity to explain your plan further and answer questions about it. You may be represented by counsel. If you wish to take this option, please state your wish below by providing two possible times when this would be convenient for you.

☐ Yes, a hearing is requested. The following two possible dates and times are suggested:

Date

Time

Date

Time

Date of Application

Signature of Person Completing Application